

Assisted Suicide is Gaining Public Support

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Dying has come out of the closet. It never will be wildly popular but—after decades of using high tech to extend life without regard for cost or discomfort—death is again being seen as something natural and even to be welcomed.

Terminal patients no longer blindly accept surgery, chemotherapy or radiation when these may be simply dehumanizing, and wasteful of medical effort

better directed elsewhere.

I told in a column Tuesday how more and more people with little chance of regaining meaningful lives are seeking "good deaths"—often with the help of hospice teams that emphasize as much comfort as possible and family support even after death.

Beyond expanding hospice care, there are two particular areas where we need more progress: pain control, which should be non-controversial, and assisted suicide. In January, 70 percent of respondents in a national Harris Poll supported assisted suicide.

It remains illegal, however, throughout the U.S. Oregon voters authorized it by 51-49 last November, but court injunctions have delayed its implementation.

In 1992, when he became national president of the American Cancer Society, Dr. Reginald C. Ho of Straub Clinic was influential in getting ACS to adopt a national policy recommending no limit on the use of pain medication except that needed for the particular individual—even in nonterminal cases.

Fears of addiction are overdrawn and simply silly in terminal cases. Once morphine was doled out in doses of only 15 or 20 milligrams every few hours. Now some patients get 500 or more and are still alert.

In 1989 a group of Hawaii nurses took the lead in forming the Hawaii Pain Initiative, based at Queen's Medical Center. They can be contacted for advice and help. So can either of Oahu's two hospices—St. Francis and Hospice Hawaii.

No figures are available but competent people tell me there is still too much undertreated pain in our hospitals and that too many unnecessary treatments are being administered to dying patients. I dared to call this "torture" in a 1981

Star-Bulletin editorial page article.

At a medical society meeting, I defended myself by saying that torture is the infliction of unnecessary pain. Some sufferers still have their hands tied down to keep them from pulling their tubes out. If there were ways to publicize how much abuse still exists, I'm sure it could be further reduced.

Britain's Dame Cicely Saunders, who founded the first modern hospice in 1967, set a goal for hospice care to be so good no patient would want to commit suicide. There do seem to be suffering situations, however, where only a dark, long tunnel looms before the relief of death comes naturally.

The Netherlands permits euthanasia by injection for patients who may be pain-free but still want to die because of such reasons as loss of dignity, mental deterioration, fear of losing control, and unbearable suffering mostly for reasons other than pain.

About 1.8 percent of the kingdom's death occur this way. Another 0.3 percent are helped to assisted suicide from poisons, which is all the pending law in Oregon would permit. Several times more Dutch people request help than are granted it. Controls are substantial.

The issue in the U.S. may be decided by a combination of court rulings and state laws. A U.S. Supreme Court resolution of conflicting lower court decision is probable in the next few years. A Washington state federal judge already has ruled in favor, a New York judge against. If the high court doesn't find a national right to assisted death, as it found a national right to abortion, it may at least leave the matter for states to decide.

Then there will be arguments over whether to limit it to only terminal patients, as Oregon's pending law does, or to make it more widely available, under committee review, as proposed by Dr. Sherwin Nuland, author of the current best-selling book, "How We Die."

In Hawaii nearly 7,000 people die every year. We know how to make death kinder in most situations. But the fact that 80 percent of people die in hospitals when 80 percent deaths at home would be closer to ideal tells us we aren't doing well enough.

Don't be afraid to talk back to your physician or even change physicians in the process.